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*Agency of Human Services*

## Vermont State Hospital Futures Project November 24, 2008

### Overview

In 2004, the Legislature and the administration set in motion a strategic planning process to create a comprehensive plan for the delivery of services currently provided by VSH within the context of long-range planning for a comprehensive continuum of mental health care. This plan was titled the “Futures Plan”.

The core of the plan is proposed new investments in the essential community capacities, and reconfiguring the existing 54-bed inpatient capacity at the Vermont State Hospital into a new system of inpatient, rehabilitation, and residential services for adults. This plan is consistent with Vermont’s long history of establishing strong community support systems and reducing our reliance on institutional care. The fundamental goal is to support recovery for Vermonters with mental illnesses in the least restrictive and most integrated settings that promote recovery.

VSH serves multiple functions: acute inpatient care, long term rehabilitation services, secure forensic evaluation, and secure treatment. Therefore, replacing the Vermont State Hospital requires creating a range of successor programs to serve different populations.

At this time, we believe the following summary accurately reflects the beds needed going forward:

- Acute Inpatient Beds: 25-30 beds      Preferably integrated or in proximity to general medical center services and infrastructure.
- Secure Residential: 15 beds      Preferably using qualified state workforce and located in Waterbury. (Community leaders support continued location of services in the village.)
- Residential Recovery: 20-22 beds      Operated by the Designated Agencies: This capacity is currently implemented (Second Spring) and in an early stage of development (Health Care and Rehabilitation Services in collaboration with Retreat HealthCare).

### **VSH Futures Plan: Community Capacities**

New community capacities are in place or in final stages of planning. These include:

- Twenty (20) community residential recovery beds ( 14 operating / 6 in planning stage)
- Nine (9) crisis stabilization beds
- Statewide rental assistance fund
- Peer crisis bed program (under development) for up to five (5) beds
- Transportation alternatives-- The use of civilian vehicles with accompanying mental health staff as an alternative to sheriff transportation for adults and children facing involuntary hospitalization - is being piloted, and based on this experience, plans will be developed to scale this state-wide.
- Care Management System (in design) to link the system of beds (crisis stabilization, residential and inpatient) into a network of collaborating programs.

### **VSH Futures Plan: In Patient and Secure Long Term Care**

- Create a secure residential recovery program; preferably using qualified state employees
  - 15-beds, locked, involuntary
  - Replace the secure, long term care function of VSH for individuals committed to custody of DMH commissioner and who do not require hospital-level care.
  - State will need to support capital costs for this program.
- Create 25-30 acute inpatient beds. Preferably at least some of these beds would be integrated or in proximity to general medical center services and infrastructure.

### **Current Working Options for Replacing VSH beds (inpatient and recovery)**

- 25-28 bed acute inpatient @ RRMC - half (12 beds) provide VSH-level care (New construction; requires CON approval)
- 16 bed acute inpatient @ Brooks building state-operated (After 2015, could be transferred to FAHC as part of their larger master facility plan, or operated in partnership with another hospital)
- Continue over-flow agreement with Retreat HealthCare as needed (Currently in place)
- 15 bed secure residential recovery program (New construction or in the Dale Building on Waterbury campus, requires CON)

### **VSH Replacement Plan: Financial/Capital**

- RPMC and the State explore capital finance options for development of a 25-28 bed program of which 12 beds replace VSH. State pays for unreimbursed care and match on Medicaid services. Legislative support for a long term operating agreement is important.
- State capital funds support renovation or new construction for secure residential program.
- State capital funds support renovation as required to operate 16-bed inpatient program in Brooks building.

### **VSH Replacement Plan: Financial/Operations**

VSH has operated entirely on General Funds (GF) with very limited federal participation. The current operating resources at VSH, with the FY '09 budget at just over \$21 million GF, can be redeployed and Global Commitment (GC) funds used for operations of each component (RPMC, Secure Residential Recovery, remaining inpatient service in the Brooks building, and overflow at Retreat HealthCare). This is premised on VSH gaining CMS certification, as well as the projected components all being eligible for Federal Financial Participation.

### **Options for Secure Residential Program**

Dale Renovation estimate \$14,683,916

- Requires estimated \$500,000 additional operating costs annually due to 2 floor program
- Assumes construction begins Spring 2010 (planning, legislative support, CON process)

Brooks Renovation (B1 & 2) estimate \$18,112,802

- Requires the remaining 16 bed inpatient program to be re-located (undetermined location)
- Requires estimated \$500,000 additional operating costs annually due to 2 floor program
- Assumes mid point of construction would be 2017 (due to need to re-locate inpatient service)

Brooks Renovation (BG & 1) shared bath estimate \$ 11,706,888

- Assumes co-location of residential (15 beds) and inpatient program (16 beds) in the Brooks building; programs share Treatment Mall
- \$500,000 additional operating costs annually due to 2 floor program
- More difficult to claim Medicaid reimbursement for both inpatient and residential (Co-location and shared resources increase IMD risk)

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New Construction (private bath) estimate \$12,865,271

- Assumes construction begins Spring 2010 (planning, legislative support, CON process)

New Construction (shared bath) estimate \$12, 057,767

- Assumes construction begins Spring 2010 (planning, legislative support, CON process)